PTO/SB/17 (12-04v2)
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Under the Paper	work Reduction Act of 19	995, no person are req	uired to re	espond to a collection	n of informatio	n unless it displays	a valid OME	control number.			
	Complete if Known										
Fees pursuant to the	Application Number 09		09/628225								
FEE TRANSMITTAL				Filing Date July 28, 200		luly 28, 2000					
_				First Named Inventor William W. Bachovo			hovchin				
For FY 2005				Examiner Name J. E. Russel		l. E. Russel					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1654							
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00				Attorney Docket No. TUU-P01-006							
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP											
For the abo	ove-identified depos	sit account, the Din	ector is	hereby authorize	d to: (checl	k all that apply)					
	ge fee(s) indicated					icated below, ex	cept for t	he filing fee			
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULA	<u>,                                      </u>										
	SEARCH, AND EX	AMINATION FEE	3								
	•	ING FEES		RCH FEES	EXAMIN	ATION FEES					
Anniication Tuna		Small Entity	F (6)	Small Entity	Eac (\$)	Small Entity	Eoos I	Paid (\$)			
Application Type	Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$) 500	Fee (\$) 250	Fee (\$) 200	<u>Fee (\$)</u> 100	rees	-aiu (\$)			
Utility	200	100	100	50	130	65					
Design		100	300	150	160	80		<del></del>			
Plant	200 300	150	500	250	600	300					
Reissue	200	100	0	0	0	0	<del></del>				
Provisional		100	U	U	U	U		Small Entity			
2. EXCESS CLAIM	I FEES						Fee (\$)	Small Entity Fee (\$)			
Fee Description Each claim over 20	) (including Reissu	es)					50	25			
Each independent					200	100					
Multiple dependen					360	180					
Total Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)	Mu	Iltiple Depende	nt Claims				
	= x				<del>-</del>		ee Paid (				
Indep. Claims	Extra Claims	Eng (\$)	Foo D	aid (\$)				_			
indep. Claims	= X	Fee (\$)	1001	aiu (#)							
3. APPLICATION	SIZE FEE										
If the specification	n and drawings ex	ceed 100 sheets of	paper (	excluding electron	onically file	ed sequence or	computer				
listings under sheets or fract	37 CFR 1.52(e)), the ion thereof. See 35	he application size 5 U.S.C. 41(a)(1)(	fee due G) and 3	e is \$250 (\$125 f 37 CFR 1.16(s).	or small en	itity) for each ac	dditional 5	0			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = /50 (round <b>up</b> to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00											
SUBMITTED BY											
Signature	Sesse C 8	Torker		Registration No. (Attorney/Agent)	52,883	Telephone	(617) 95	51-7633			
Name (Print/Type)	esse A. Fecker				<u> </u>	Date	March 2	1, 2005			
								-			

I hereby certify that this correspond an envelope addressed to: MS Ame					
shown below.	^		•		
Dated: 3/21/05	Signature:	nena	Pachoca	( Crena Pacheco )	